

Drivers of and solutions to teenage pregnancy and school dropout in Malawi: A qualitative study

ABSTRACT

This qualitative study explored the causes of teenage pregnancies and school dropout among school going teenagers in Malawi, as well as potential solutions. Key informant interviews with stakeholders and focus group discussions with teenagers were conducted at two schools in two districts, Mangochi and Dowa. Purposive sampling was used in the selection of respondents, for a total of 72 participants. Factors that lead to teenage pregnancies include: poverty, limited parental supervision, unprotected sex, peer influence, cultural practices, lack of role models, and marriage. Of these, some were found to be drivers of both teenage pregnancies and school dropout, namely poverty, marriage, peer pressure and cultural practices. Overall, the study established that cultural practices and poverty are the major factors that lead to teenage pregnancies and school dropout. For solutions, respondents mentioned construction of boarding facilities for girls, stiff punishment for perpetrators and providing school fees for students.

INTRODUCTION

Every year, many girls below the age of 18 get pregnant and this problem is prevalent in developing countries. Teenage pregnancy is a public health concern that has varied consequences for the individual, the family, and society as a whole. Malawi is one of the developing countries where teenage pregnancy remains a challenge. The increase in teenage pregnancy leads to school dropouts. This dropout rate negatively affects the overall completion rate of secondary education. Addressing the high rate of teenage pregnancies in Malawi requires an understanding of why teen pregnancy is so high among adolescents. This study sought to generate evidence to address teenage pregnancy among school girls in Malawi. Girls with no pregnancy experience were the target for the study. Studying girls without pregnancy experience could provide pointers on the capacity and needs that girls with pregnancy experience are lacking, which, in turn, facilitates the development of intervention goals.

This was a mixed methods study involving quantitative analysis of secondary data, literature review, and qualitative data collection and analysis. The qualitative part was conducted to complement secondary data and to provide a picture of factors associated with the high

teenage pregnancy rates in Malawi in order to inform interventions. The current study reports on the qualitative interviews conducted among adolescent girls and boys without pregnancy experience. Understanding the root causes of teenage pregnancy is the first step in being able to effectively prevent them and reduce the dropout rate due to teenage pregnancies.

STUDY OBJECTIVES

Objective

The overall objective of this study was to generate evidence about the causes of teenage pregnancy among girls in school in Malawi that will inform policies and programmes to reduce the school dropout rate due to teenage pregnancy.

Specific Objectives

- Provide an understanding of the major causes of the increase in teenage pregnancy among school girls aged 15-19 in Malawi
- Identify best practices and interventions to prevent teenage pregnancy among girls drawing from regional literature; and
- Provide policy and programme recommendations.

RESEARCH DESIGN AND METHODOLOGY

Study design

This part of the study involved qualitative primary research. The qualitative data was collected through unstructured key informant interviews (KII) and focus group discussions (FGDs). The researchers used open-ended questions which allowed the researcher flexibility in probing participant responses. Data was collected using paper-based pre-designed data collection forms.

Research setting

The study was conducted in two districts in Malawi; Dowa and Mangochi. Following consultation meetings with district officers and other local Non-Governmental Organizations (NGOs), one secondary school per district was identified for the FGDs due to their high rates of teenage pregnancies and school dropouts: Ntuwa CDSS in Mangochi and Kawangwi CDSS in Dowa.

Study population

KIIs targeted district social welfare officers, health service providers, community leaders, Primary Education Advisors (PEA), Head teachers and Parent Teachers Association chairpersons. These stakeholders were chosen because of their influence in the communities and schools. The target population for the FGDs were school girls and boys between the ages of 13 and 19 with no pregnancy experience. All participants were in various stages of secondary school.

Recruitment and procedure

Purposive sampling was used to identify participants. The researcher employed the saturation point principle on sample size whereby sample size was routinely adjusted. Data collection stopped when no new information arose. However, there was a rough estimate sample of 12 KIIs (6 in each district) and 8 FGDs (4 in each school). Unstructured face-to-face interviews were used to collect data from the key informants. This involved asking the respondents a series of open ended questions based on the topic area. Eight FGDs were conducted with school girls and boys. Recruitment of participants was done through locally acceptable procedures. The social welfare officers, head teachers and group village headmen/women were consulted as entry points into the community. The approval and cooperation of the group village headmen/women and district officers allowed greater trust in the communities and schools. Once this general approval was secured, head teachers helped to identify and mobilise those who qualified to be participants. FGDs were scheduled to avoid disturbing classes and conducted after classes and during weekends. All interviews were audio recorded. The research assistants also took notes during interviews to supplement the transcripts. The participants were given a snack and soft drink after the interviews as compensation.

Data analysis

The recorded information was transcribed verbatim and translated from vernacular language into English. Observational field notes were incorporated into the data for analysis. Thematic analysis guided data analysis. The transcripts were read repeatedly and words with similar meanings were grouped into categories. Coding was done manually based on key words and phrases developed from the data. Similar categories were grouped into themes and subthemes which are presented as results.

Ethical considerations

Written informed consent and verbal consent were obtained from all participants. Parental or guardians' permission was obtained for participants under 18. Respondents either read the informed consent or had it read for them. The informed consent form explained the purpose of the study, what participation in the study involved, how anonymity would be maintained, the right to refuse to participate in or to withdraw from the study without any penalty, and the benefits and risks of participation. Anonymity and voluntary participation were guaranteed by not documenting identifiable details of participants and not persuading or pressuring them to participation. Ethical approval for the study was given by the National Health Sciences Research Committee.

CONCLUSION

The study highlights factors that lead to teenage pregnancies and school dropout among school going teenagers in Malawi. Although many young people want to go far with their studies, several factors hinder them from completing their education and teenage pregnancies is one of them. Several factors lead to teenage pregnancies and school dropout; poverty, cultural practices, marriages, and peer pressure are some of the major factors. Although several interventions have been put in place at community and school level, the problem of teenage pregnancies is still a challenge. Several solutions to the problem were suggested by respondents during the study. These include construction of boarding facilities, stiff punishment to perpetrators, financial support to needy students and having educated local leaders who know the value of education. The government and various organizations should come up with Special programs to address the various causes of teenage pregnancies and the challenges associated with pregnancy and parenting by adolescents.